

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra M. McMan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000001555

97 OCT -6 AM 8:45

1. Corporation Name

MRS. FLORIDA PAGEANT, INC

Principal Place of Business

Mailing Address

NationsBank Tower, Ste 4200
100 SE 2nd Ave.,
Miami, Florida 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
01/06/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-054-4030

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐SB 75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Ron Solomon	NationsBank Tower, Ste. 4200 100 SE 2nd Ave.	Miami, Florida 33131
Secret	Jacqueline Solomon	NationsBank Tower, Ste. 4200 100 SE 2nd Ave	Miami, Florida 33131

REINSTATEMENT

96-97 BIA

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***\$915.00 ***\$915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jacqueline Solomon
c/o HOWE, SOLOMON & HALL, INC.
NationsBank Tower, Ste. 4200
100 SE 2nd Ave
Miami, Florida 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date September 9, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/9/97

(305) 577-8688